A QUESTIONNAIRE AND ANSWERS TO SOME OF THE MORE COMMON DISEASES OF THE EYE THAT FREQUENTLY PERPLEX THE MEDICAL PRACTITIONER

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A QUESTIONNAIRE AND ANSWERS TO SOME OF THE MORE COMMON DISEASES OF THE EYE THAT FREQUENTLY PERPLEX THE MEDICAL PRACTITIONER*

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WHEN Doctor Griscom and Doctor Hutcheson, at the conclusion of the Hospital Staff meeting last week, asked me to present a paper before the Aesculapius Club of Camden, they were asked what subject they wished to be presented in the sphere of the eye, ear, nose, and throat. Their answer was that they desired to have a discussion of the perplexing problems that frequently confront the general practitioner of medicine.

With this thought in mind a few of the questions that are asked by post-graduate students and medical men are presented, together with their answers.

Additional questions that may occur to my listeners should be asked during the general discussion.

Q.—Should the practitioner of medicine be proficient in the use of the instruments of precision used in examining the eye?

A.—Every general medical man should be able to examine the fundus of the eye with the ophthalmoscope and recognize the more common pathologic conditions.

Q.—In using the ophthalmoscope, to the study of what particular structures should the general medical man give special attention?

A.—The general practitioner should be able to recognize the optic nerve and the macula. He should also be able to follow the course of the larger vessels and note the normal relationship as to size of the arteries and visors (1-3).

Q.—How may he familiarize himself with these structures?

A.—By making an examination of the fundus of the eye with the ophthalmoscope in every case. Such a course will reveal many hidden etiological factors, the recognition of which will assist in the treatment of the case.

*Read before the November, 1926, meeting of the Aesculapius Club at Camden.

Q.—What are the more common diseased conditions of the e in which the ophthalmoscope will aid the medical man in diagnosis?

A.—Hemorrhage, especially in the region of the macula presence of a retinitis albuminuria. The existence of a atrophy or an optic neuritis.

Q.—Should the vision of each eye be noted in new cases?

A.—The vision of each eye should be noted in all new c (Of what use to attempt to cure with medicine a headache is the result of an eye strain.)

Q.—In children with poor vision, how soon should glasses prescribed?

A.—As soon as the fact that the child has poor vision is definit established.

Q.—Is there any possibility of permanent damage resulti in failing to correct at once faulty vision in children?

A.—Several things may occur. Because of poor vision in eye the child may discard the use of that eye and grow up w perfectly good eye that has never been trained to see. This result in a permanently blunted vision.

Deviations inward or outward may result from poor vision. recognized before the age of six years a great deal may be accor plished by the use of corrective lenses and muscle exercises. Oper tive measures upon the eye muscles may be necessary, but only wh other measures have failed or where the amount of deviati exceeds 15°.

Q.—What can be done to an eye that has an immature catarac

A.—If the patient has good vision in the remaining eye, it better to await maturity of the cataract. However, if the vis in the remaining eye is bad, then one may use one of the metho of intracapsular extraction.

Q.—In a child suffering from a traumatic cataract, what may o do to attempt to regain vision?

A.—A child in whom there is a traumatic cataract present, if th light projection is good, should be given the advantage of a di cission or needling operation. This may need to be repeated sever times.

Q.—In removing foreign bodies from the eye, is there any o jection to the use of cocaine solution as an anesthetic?

A.—The use of solutions of cocaine in the eye has sever objections. A drying effect is produced upon the cornea, renderir easy an abrasion of the cornea and the possibility of an ulceratio In patients with incipient glaucoma it may precipitate an attac

The dilatation of the pupil resulting from its use is often not desirable.

Q.—If solution of cocaine should not be used in the eye, what should be employed to secure anesthesia?

A.—Butyn—2% solution (The Abbott Laboratories).

Q.—Is there any objection to the use of solutions of argyrol in the eye?

A.—In the presence of any condition where a break in the corneal epithelium has resulted it is unwise to use solutions of argyrol, since a permanent staining may result. Should this happen to be central, the patient's vision will be greatly impaired.

Q.—If the use of argyrol is not advised, what is recommended to be used in the eye where an antiseptic action is required?

A.—The writer employs a solution of oxycyanide of mercury in a dilution of 1-5000.

The original thought was to incorporate in this paper similar questions covering the ear, nose, and throat. However, there are so many points the writer deemed it advisable to limit the present questionnaire to the eye.

THE INFLUENCE OF DIFFERENT FORMS OF ELECTRICAL CURRENTS ON METABOLISM*

William Harvey King, M.D.
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IT HAS long been recognized that one of the chief actions of the electric current on living tissue is its trophic influence. All forms of electrical manifestation undoubtedly have this action but they differ somewhat under varying conditions. In the year 1893, I undertook a series of experiments to demonstrate the power of galvanism and faradism to develop their trophic influence, and also to compare the results obtained from the different currents in health, as well as in certain diseased conditions.[1]

These tests show, first, that if a very weak galvanic or faradic current is passed through a healthy muscle so as not to produce apparent contraction, they both increase the strength of the muscle very slightly, while there is no apparent difference with the two forms of the current.

Second, that when the currents are increased so that the faradic produces contractions and the galvanic does not, they both show a marked increase in their power to develop muscular strength; but that the faradic leads the galvanic.

Third, that when both are used so as to produce the same force of contraction, i. e., interrupted galvanic current, the increase of strength is about equal with the two currents.

Summing up the action of these two currents on healthy muscular tissue, I find that the two currents increase muscular strength; that this increase is in proportion to the strength of the current, or at least until a certain limit is reached, and that the increase in the case of both currents is about equal, except that where the faradic produces contraction and the galvanic does not, the faradic leads the galvanic.

Somewhat different are the results in certain diseased conditions. It is found that in those diseases that interfere with the normal reaction, the galvanic leads the faradic exactly in proportion to the quantitative decrease, and that when reaction of degeneration is present to such a degree as to destroy faradic

*Read before the National Society of Physical Therapeutics, July 1, 1926, Philadelphia.

[1]For a more complete report of these experiments see Transactions of the National Society of Electro-Therapeutics, Volume 2, p. 25.

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